



**Brian Sandoval**  
*Governor*



**Richard Whitley**  
*Director*

State of Nevada

*Department of Health and Human Services*  
*Division of Public and Behavioral Health*

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**Public Health Services**

Julia Peek, MHA, CPM  
Deputy Administrator  
Community Services



# Items Committee Requested

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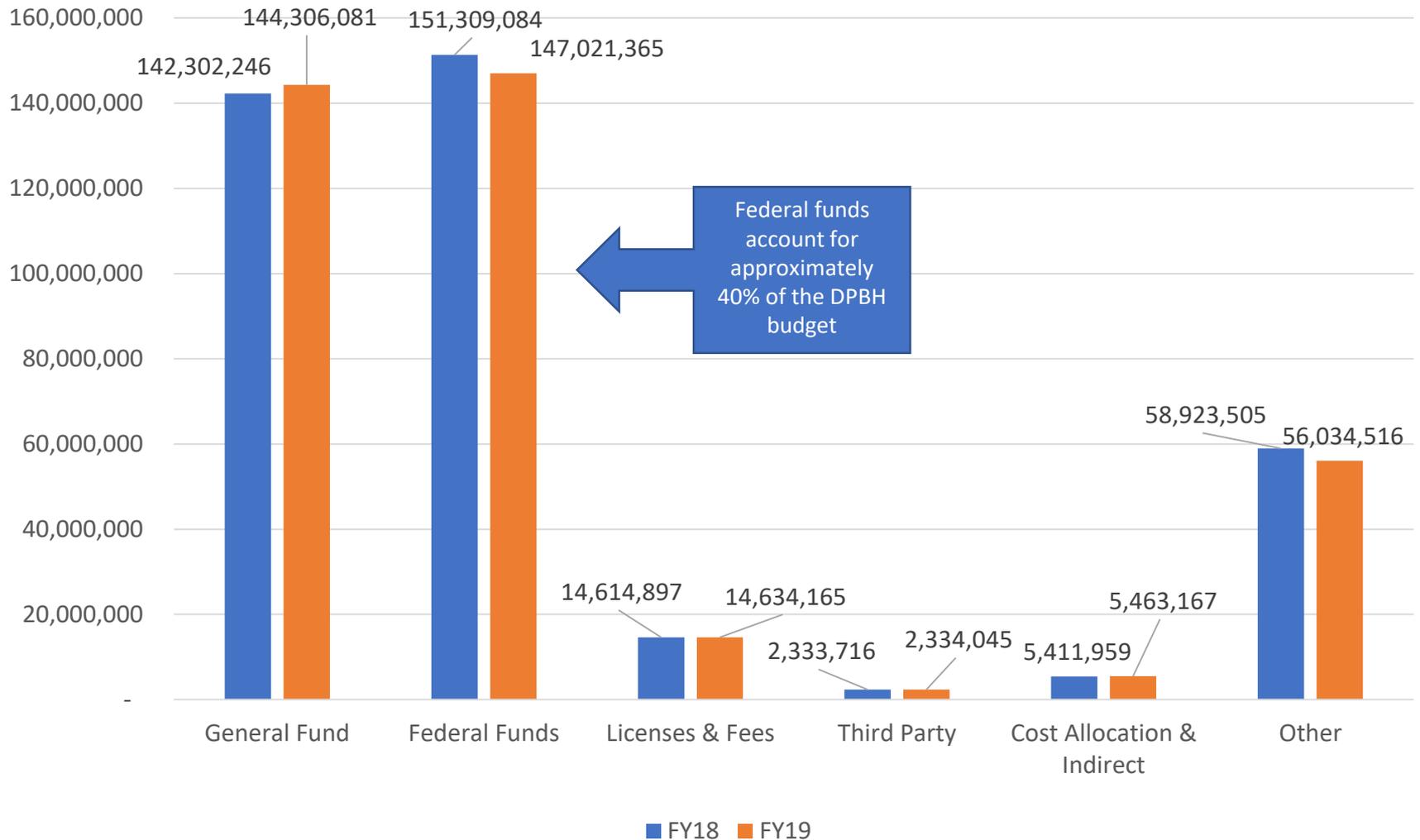
- Current Infrastructure
- Current Funding
- Successes and Opportunities
- Implementing a Comprehensive Public Health System
- Prioritizing Investments in Public Health

# Public Health Duties and Responsibilities

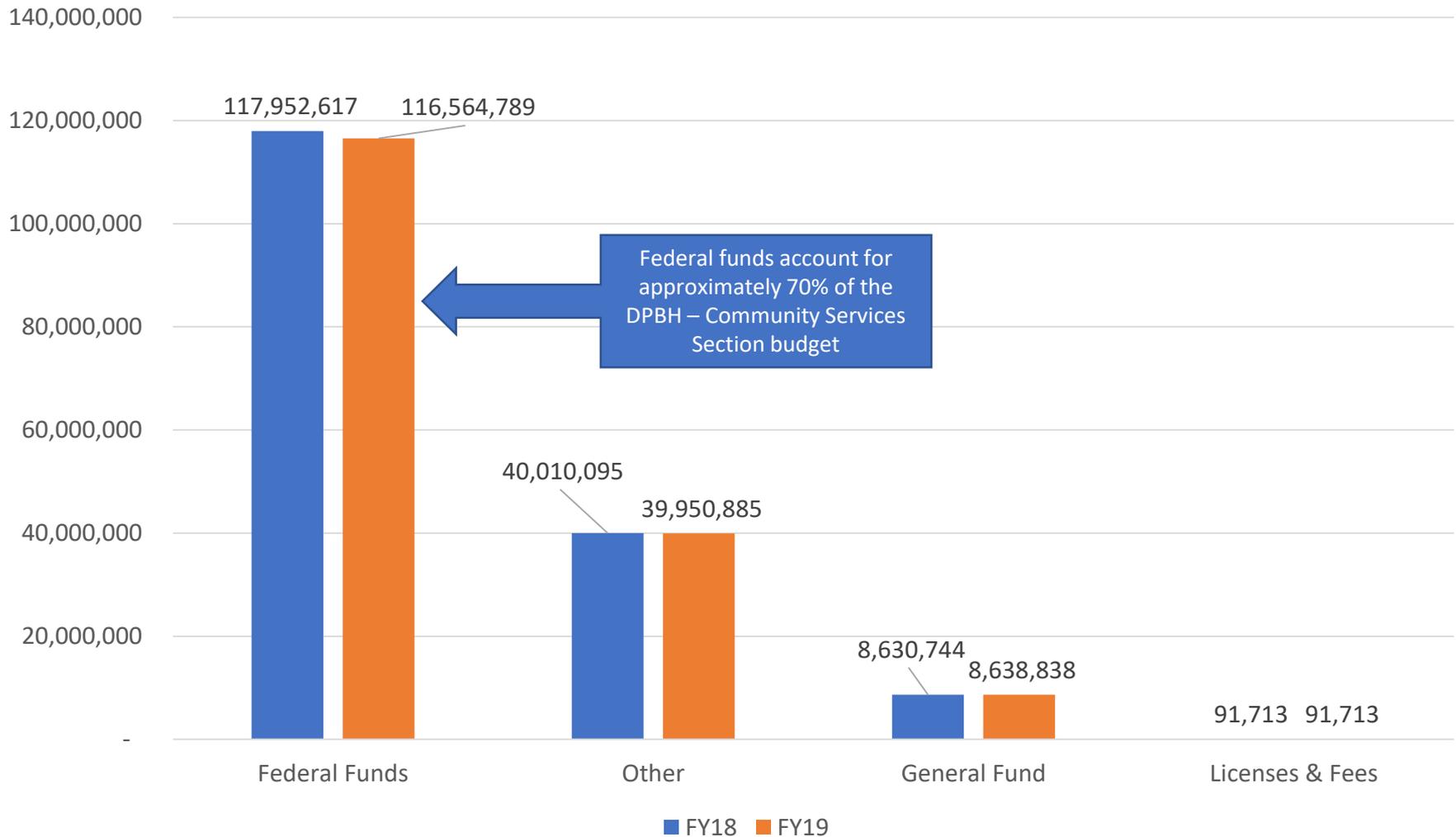
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- Hybrid State Health Department
  - Offer some direct services in frontier counties
    - Ex: community health nursing, environmental health services, epidemiology
  - Statewide role
    - Ex: healthcare inspections and infection prevention, cancer registry, biostatistics, statewide oversight on grants/cooperative agreements
- County/District Health Authorities
  - Carson City Health and Human Services
  - Washoe County Health District
  - Southern Nevada Health District

# Division Funding Sources, SFY 18 and 19



# Community Services- SFY 18 and 19



# Public Health Funding in Nevada (FFY 16/17)



- State public health budget in Nevada: \$19.9 million or about \$6.75 per capita:
- US Ave = \$36.11 per capita
- Nevada's state rank: 50<sup>th</sup> (2<sup>nd</sup> to last)
- Range: \$5.74 per capita (MO) to \$139.35 (DC)

Source: Trust for America's Health (2017). *Ready or Not? Protecting the Public's Health from Diseases, Disasters and Bioterrorism.*

# Federal Spending on Public Health Services and Programs in Nevada

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- Federal public health funding in Nevada: \$109.2 million or \$38 per capita
- Centers for Disease Control and Prevention (CDC): \$63.4 million or \$22 per capita
- Health Resources and Services Administration (HRSA): \$45.8 million or \$16 per capita

Source: Trust for America's Health (2017). *A Funding Crisis for Public Health and Safety: State-by-State Public Health Funding and Key Facts.*

# Public Health 3.0

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Kevin Dick, Health Officer  
Washoe County Health District



# PUBLIC



# HEALTH

What we do together as a society to ensure the conditions in which everyone can be healthy.

# PUBLIC HEALTH 1.0

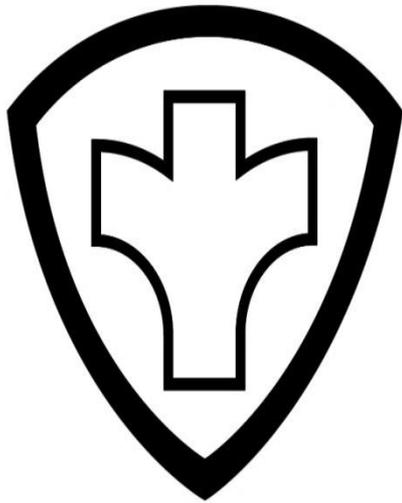


(late 19<sup>th</sup>/most of 20<sup>th</sup> Century)

Comprehensive public health protection—from primary prevention through treatment—becomes possible for the first time in history.

Development of an astonishing array of health-protecting **tools** and **capacity** with increasingly sophisticated techniques for ensuring sanitation and food safety.

# PUBLIC HEALTH 2.0



(1980s to Present Day)

By late in the 20<sup>th</sup> century, there was ***tremendously uneven*** public health capacity at the local levels.

Health Departments strained to address new infectious disease challenges as well as the growing challenge of chronic disease prevention and preparedness.

***Governmental*** public health ‘came of age’ – culminating in today’s Health Department accreditation movement.

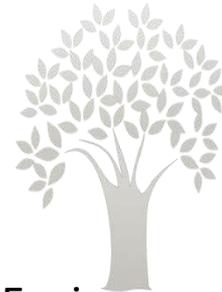
# PUBLIC HEALTH 3.0



Economic  
Opportunity



Housing



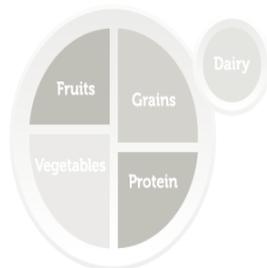
Environment



Education

## Social Determinants of Health

are the conditions in which people are born, live, work and age.



Food



Safe Neighborhoods



Transportation

# What is PUBLIC HEALTH 3.0 ?

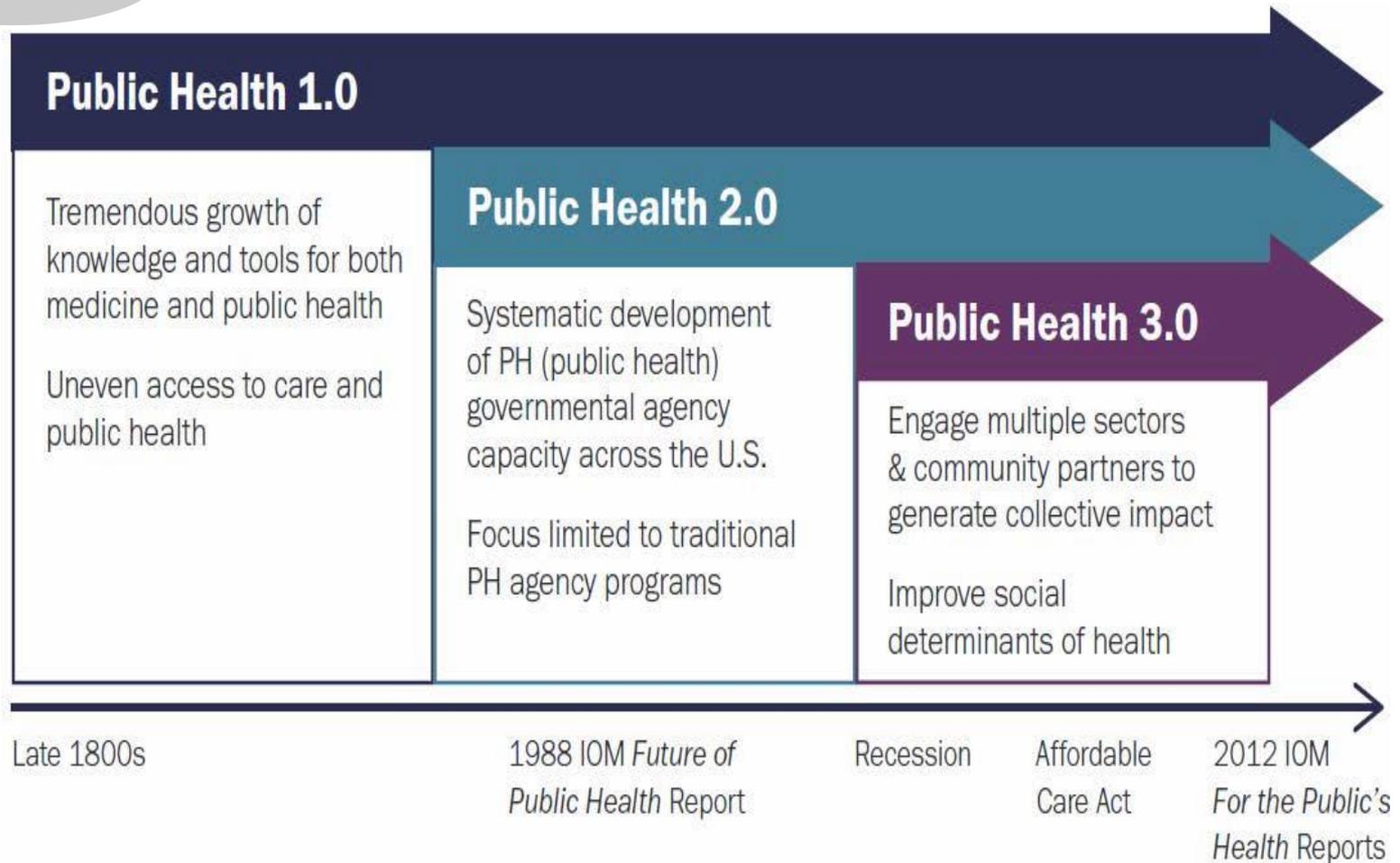


A significant upgrade in public health practice to a modern version that emphasizes **cross-sectorial** environmental, policy- and systems-level actions that directly affect the **social determinants of health**.

**Local Public Health Leaders**  
*as the* **Chief Health Strategist**

# PUBLIC HEALTH 3.0

## TIMELINE



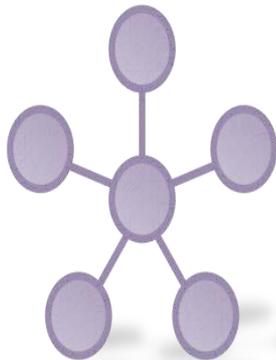
# PUBLIC HEALTH 3.0

## KEY COMPONENTS



**LEADERSHIP &  
WORKFORCE**

**ESSENTIAL  
INFRASTRUCTURE**

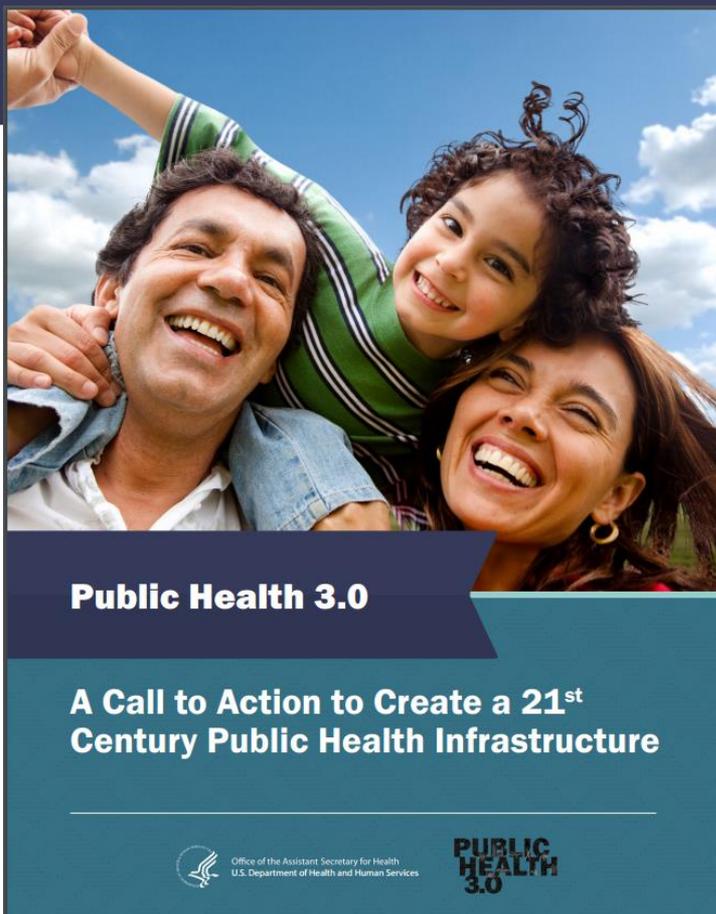


**STRATEGIC  
PARTNERSHIPS**

**DATA, ANALYTICS  
& METRICS**



**FLEXIBLE &  
SUSTAINABLE  
FUNDING**



**There are five critical dimensions in the enhanced scope of public health practice:**



**Strong leadership and workforce**



**Strategic partnerships**



**Flexible and sustainable funding**



**Timely and locally relevant data, metrics, and analytics**



**Foundational infrastructure**

<https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>

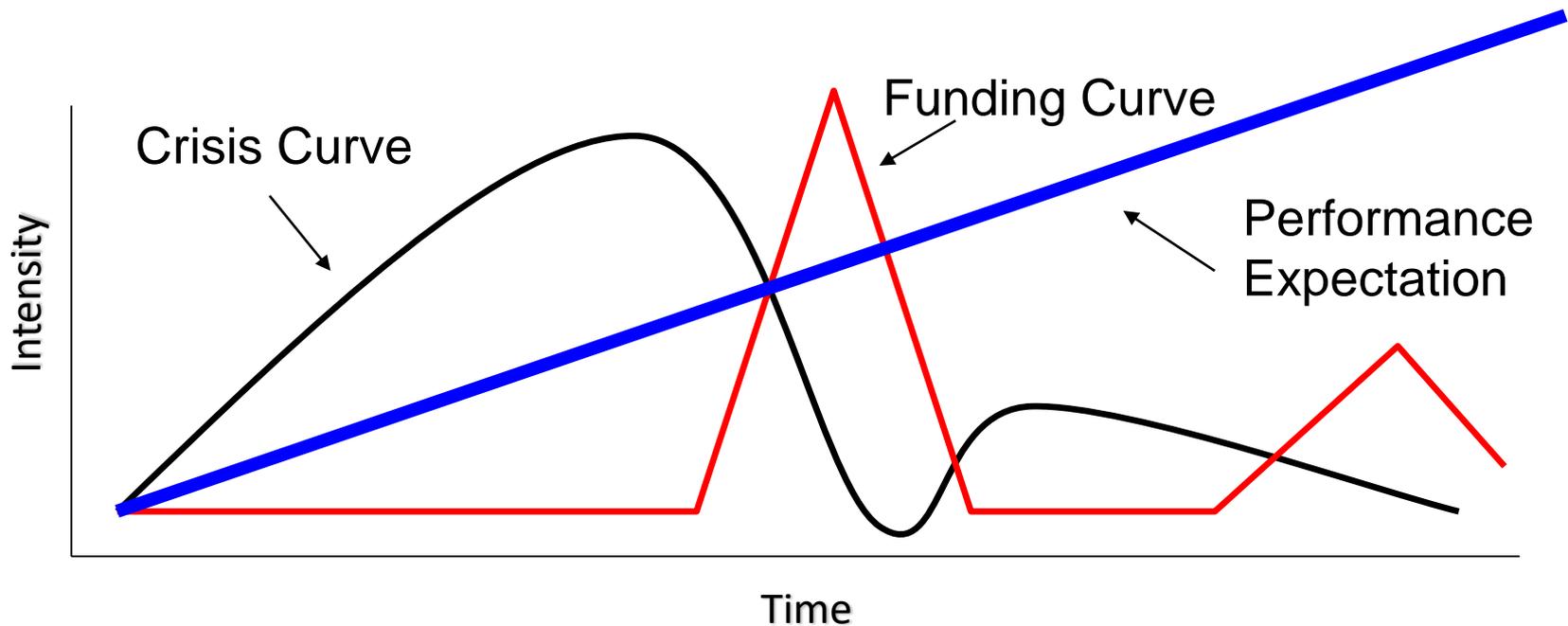
# PUBLIC HEALTH 3.0

Timely, reliable, granular-level and **actionable data** need to be made accessible to communities, and clear **metrics** to document success in public health practice need to be developed in order to guide, focus, and assess the impact of prevention initiatives, including those targeting the social determinants of health and enhancing equity.

# PUBLIC HEALTH 3.0

**Funding for public health needs to be enhanced and substantially modified**, and innovative funding models explored so as to expand financial support for Public Health 3.0–style leadership and prevention initiatives. Blending and braiding of funds from multiple sources should be encouraged and allowed. Funding must support core infrastructure as well as community- level work to address the social determinants of health.

# Public Health Operates in an Incongruent Environment



TRUCKEE  
MEADOWS  
HEALTHY COMMUNITIES



- ***An initiative that engages diverse stakeholders to collectively shape a healthier community***

# TMHC Partner Organizations

## **ACTIONN**

Boys & Girls Club

**Charles Schwab Bank**

**Children's Cabinet**

**City of Reno**

**City of Sparks**

**Community Foundation of Western Nevada**

Communities in Schools

**Community Health Alliance**

**Community Services Agency**

**Federal Reserve Bank of San Francisco**

**Food Bank of Northern Nevada**

**Immunize Nevada**

KPS3

**Northern Nevada Hopes**

Nevada Division of Public and Behavioral Health

Nevada Division of Housing

Northern Nevada Community Housing Resource Board

Northern Nevada Literacy Council

Northern Nevada Medical Center

**NV Energy**

**Praxis Consulting Group**

Regional Transportation Commission

REMSA

Reno Housing Authority

**Reno Sparks Chamber of Commerce**

Reno Sparks Association of Realtors

**Renown Health**

Social Entrepreneurs Inc.

St. Mary's Medical Center

St. Therese Church of Little Flower

Strategic Progress Inc.

Truckee Meadows Regional Planning Agency

United Way of Northern Nevada

**University of Nevada, Reno**

**United Healthcare - HPN**

U.S. Dept. of Housing and Urban Development

**Washoe County**

**Washoe County Health District**

**Washoe County School District**

**Wells Fargo Bank, NV**

Organizations listed in bold print are members of TMHC Steering committee



# Cross-Sector Approach with a Common Agenda



  
Structured and  
Intentional Community  
Process

Long-Term  
Outcomes\*



Food Security

Health

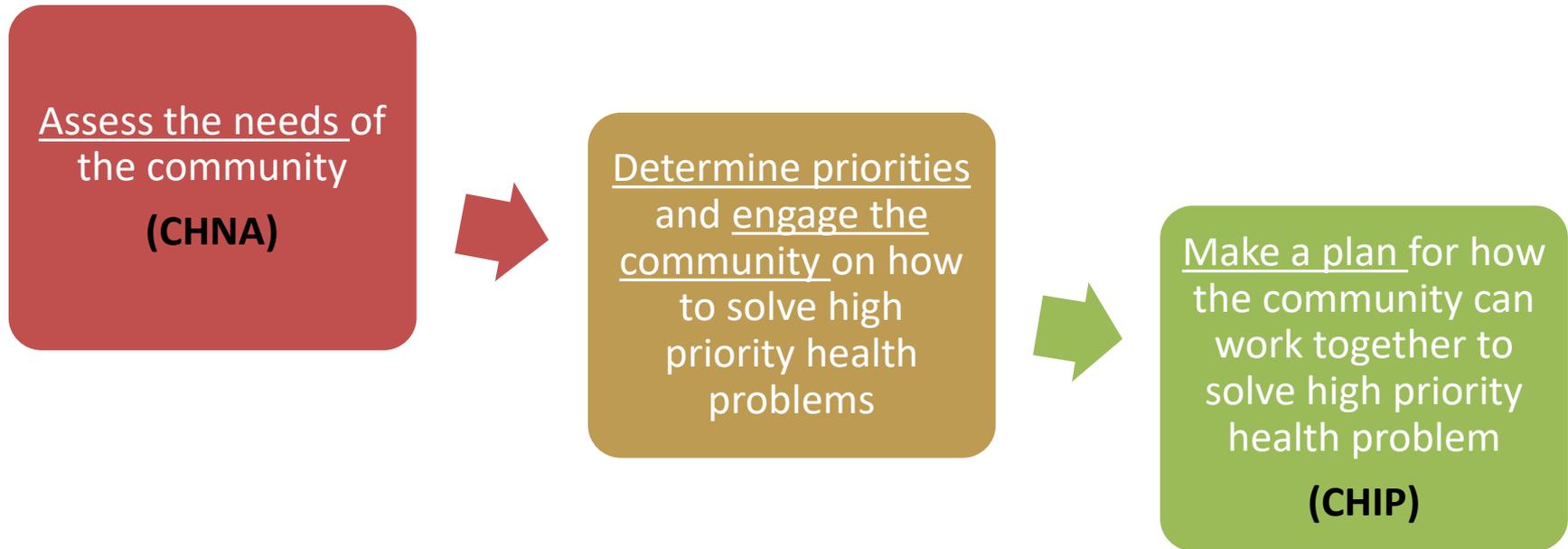
Housing  
Stability

Income

Education



# Community Health Roadmap



# Community Health Needs Assessments / Community Health Improvement Plans



**CARSON CITY HEALTH AND HUMAN SERVICES  
SOUTHERN NEVADA HEALTH DISTRICT  
WASHOE COUNTY HEALTH DISTRICT**

**NICKI AAKER, MSN, MPH, RN  
DIRECTOR, CARSON CITY HEALTH AND HUMAN SERVICES**

# Nevada Local Health Authorities Service Area



Carson City, Clark County, and Washoe County Service Area – approximately 93% of Nevada’s Population

# Public Health Accreditation

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- As part of the accreditation process, three documents required:
  - Community Health Needs Assessment
  - Community Health Improvement Plan
  - Agency's Strategic Plan
- Carson City Health and Human Services was accredited May 2016
- Southern Nevada Health District submitted documentation January 2018 and has a site visit in September 2018
- Washoe County Health District has submitted their letter of intent and plans to submit documentation October 2018

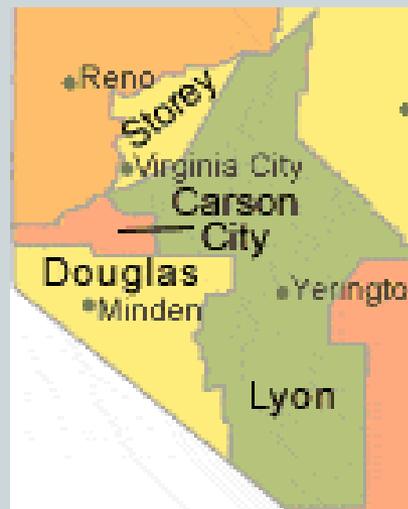
# Carson City Health and Human Services

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- Carson City – All services provided
- Douglas County – 49,073\*
  - ✦ Environmental Health
  - ✦ Disease Surveillance
  - ✦ Public Health Preparedness
- Lyon County –
  - ✦ Disease Surveillance
  - ✦ Public Health Preparedness
- Storey County –
  - ✦ Public Health Preparedness

Carson City Population – 54,709\*  
Douglas County Population –

Lyon County Population – 53,277\*  
Storey County Population – 4,122\*



\*Griswold, T. PhD, Packham, J. PhD, Gunawan, A. MPH, Etchegoyhen, L. MPH, Jorgensen, T. BS, and Marchand, C. MPH. (2017). Nevada rural and frontier health data book. (8<sup>th</sup> Ed.) Nevada State Office of Rural Health.

# Community Strengths and Assets

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## **Strengths-**

- Food environment
- Commute times
- Vaccination rates among adults 65 years and older
- Syphilis, tuberculosis, measles, mumps and rubella
- Alcohol-related motor vehicle accidents
- Early colorectal cancer diagnosis

## **Assets –**

- Hospital, Federally Qualified Health Center
- Mental and behavioral healthcare providers
- Alternative healthcare providers
- Community parks and recreation facilities

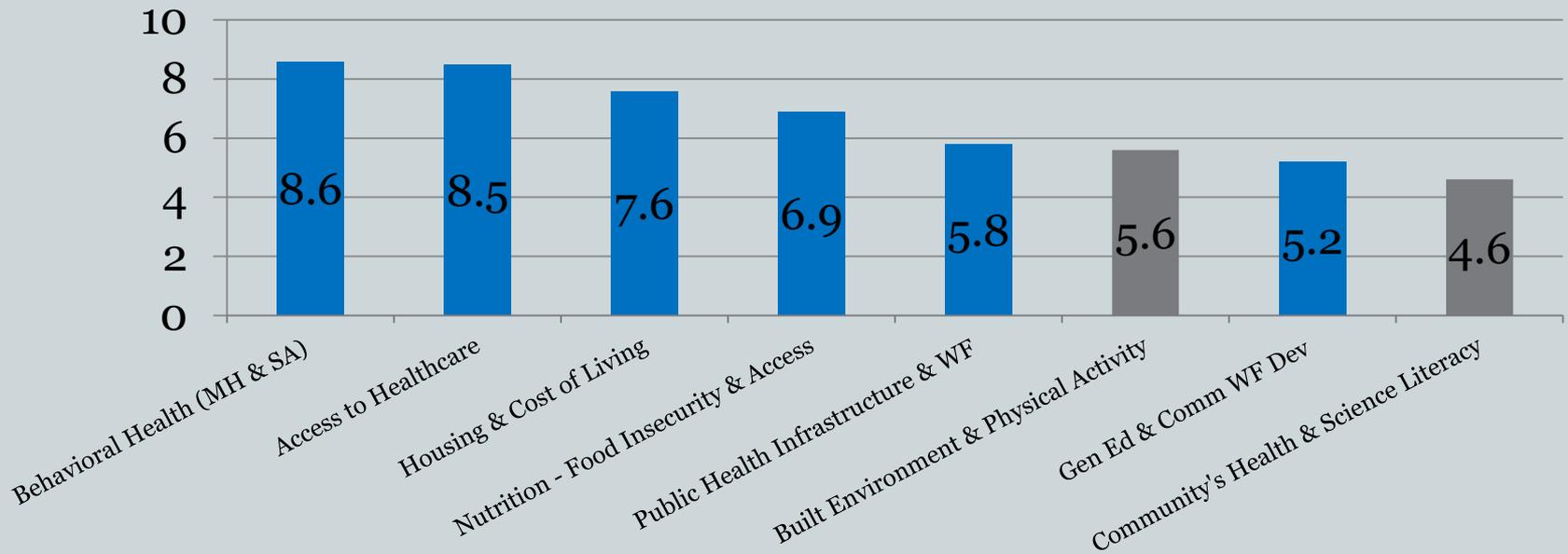
# Carson City Areas for Improvement

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- Poverty rates, food insecurity, high school graduation rates (socioeconomic status indicators)
- Violent crime
- Tobacco use
- Illicit drug use
- Obesity among adults
- Women receiving prenatal care within first trimester
- Teen pregnancy

# Overall Common Themes

## Overall Health Topic and Ranking



# Priority Areas

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<b>❖ Access to Healthcare</b>	Funding for Family Planning
<b>❖ Behavioral Health (Mental Health + Substance Use)</b>	Funding for Tobacco Control & Prevention
○ <b>Housing and cost of living</b>	Funding for Housing – Human Services
<b>❖ Nutrition – Food Insecurity and Access</b>	Funding for Women, Infant, and Children (WIC)
<b>❖ General Workforce (Public health infrastructure and workforce development/general education and community workforce) development</b>	Some funding for Human Services clients  Mainly unfunded

# Carson City CHIP Partners

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Karen Abowd, Carson City Supervisor  
Carson City Behavioral Health Task  
Force  
Carson City County Health Officer  
Carson City Fire Department  
Carson City Health and Human  
Services  
Carson City Parks and Recreation  
Carson City Public Works  
Carson City School District  
Carson Tahoe Health  
Carson Tahoe Health – Behavioral  
Health

FISH  
Immunize Nevada  
JOIN  
Moxy Health  
Nevada Health Center  
Nevada Primary Care Association  
Nevada Public Health Foundation  
Nevada Rural Health Partners  
Partnership Carson City  
Pathways  
  
State of Nevada, Division of Public  
and Behavioral Health

# Carson City

## 2012 – 2017 CHIP Accomplishments

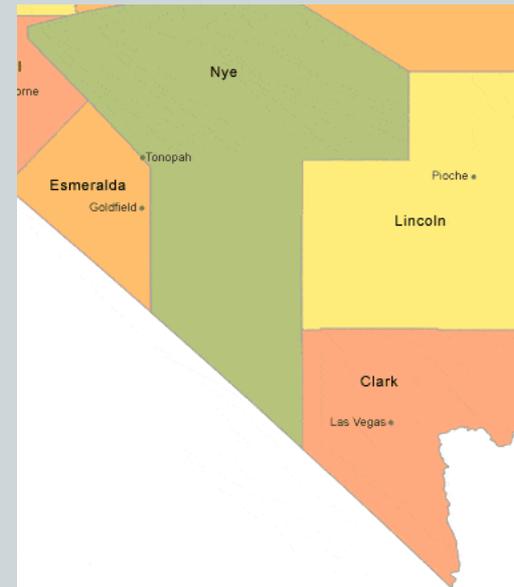
33

- Access to Health Information and Health Care/Improving Access to Health Information – Health Resources in Carson City
  - Lead agency was PCC – website includes a community resource directory
  - Core Health Indicators created by Nevada Health Data Workgroup - statewide group
- Improving Access to Health Care – Mental Health
  - Mallory Crisis Center opened – Carson Tahoe Health
- Smoking/Tobacco Cessation – Lead by CCHHS
  - WNC going smoke-free
  - MUH units increased to over 900 units – approximately 18%
  - Working on getting regional parks smoke free
- Teenage Pregnancy
  - Conduct a class in region high schools; comprehensive and abstinence classes
  - Use data collected to find grants to provide abstinence and comprehensive education in our community; younger individuals utilizing clinic
- Alcohol and Substance Abuse
  - Partnership Carson City – provides education at Carson City school
  - Random drug testing is being done for the high school athletic program
- Pedestrian and Bicycle Safety and Access (Safe Routes To School)
  - Enhancement of the Safe Routes to School Program

# Southern Nevada Health District

34

- Clark County – All services provided  
Clark County Population – 2,134,499\*
- Nye, Lincoln, Esmeralda, White Pine Counties – Mobile health and State  
Population – 61,613



\*Griswold, T. PhD, Packham, J. PhD, Gunawan, A. MPH, Etchegoyhen, L. MPH, Jorgensen, T. BS, and Marchand, C. MPH. (2017). Nevada rural and frontier health data book. (8<sup>th</sup> Ed.) Nevada State Office of Rural Health.

# Community Members Participating

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- American Heart Association
- Nevada HAND
- Federal Reserve Bank SF
- School of Community Health Services
- March of Dimes
- Dominican Hospitals
- UMC
- SNHD

- RTC
- City of Henderson
- Southern Nevada Strong
- Clark County School District
- Clark County Library District
- Boulder City Hospital
- United Way UNRSOM
- Clark County Social Services and many others

# Clark County Strengths

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- Size
- Diversity
- Economic strength
- Fifth largest school district in US
- One CHA previously completed
- Research talents
- Many educational institutions
- Small grant from NACCHO



# Clark County Areas for Improvement

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- Clark County, like Nevada, top of the “bad” lists and bottom of the “good lists”
- Clark agencies and institutions generally function in silos



# Overall Common Themes

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- Access to care not adequate
- Economics with current high unemployment
- Education, especially school district, underfunded
- Healthcare and provider
- Citizens want services but no increase in taxes



# Priorities

39

Unable to do an adequate job in all areas...

- Strengthening the LPHS through evaluation, partnership development and collaboration
- Increase understanding of health needs through improved data sources, monitoring and assessment
- Ensure environments that support health and well being
- Decreasing mortality and morbidity associated with maternal/child health

NO FUNDING...

- Improving healthcare access, quality, and continuity
- Provide quality and coordinated mental health service and care
- Decreasing mortality and morbidity associated with preventable injury
- Decreasing mortality and morbidity associated with preventable illness
- Decreasing disparities by recognizing importance of social determinants
- Ensure that policies and funding support health and the LPHS

# Priority Areas to Focus On

40

- Maternal and Child Health
- **Chronic Disease\***
- Suicide and Drug Poisoning
- Influenza and Pneumonia
- **Healthcare Access\***
- **Policy and Funding\***
- Healthcare Quality

No dedicated funding for the priority areas selected by the community

\* **Chosen as CHIP Priorities by community**

# SNHD CHIP Accomplishments

CHIP details are available on [www.HealthySouthernNevada.org](http://www.HealthySouthernNevada.org)

41

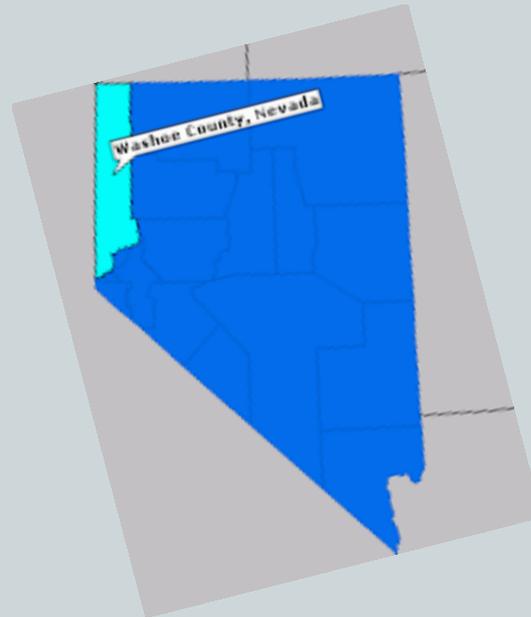
- Chronic Disease
  - ✦ School “Functional Fitness Program”
  - ✦ Increase access to fruits/vegetables
  - ✦ Decrease smoking rates
  - ✦ Expand clean air policies
- Access to Care
  - ✦ Scalable 911 project
  - ✦ Resources for 211
  - ✦ Nevada Health Link
  - ✦ Mobile Services Collaborative
- Policy and Funding Evolving???
  - ✦ Increase access to PH funding in Southern Nevada
  - ✦ Increase stakeholder understanding of PH funding
  - ✦ Increase public access to PH funding in Southern Nevada

# Washoe County Health District

42

Washoe County Population – 440,402\*

Washoe County – All services provided



\*Griswold, T. PhD, Packham, J. PhD, Gunawan, A. MPH, Etchegoyhen, L. MPH, Jorgensen, T. BS, and Marchand, C. MPH. (2017). Nevada rural and frontier health data book. (8<sup>th</sup> Ed.) Nevada State Office of Rural Health.

# Washoe County Strengths

43

- **Increasing**

- Health Insurance Coverage
- Breastfed Infants
- High School Graduation Rates
- Children's Immunization Rates
- Diabetes and Colorectal Cancer Screening

- **Decreasing**

- New cases and deaths due to cervical, colorectal, and lung cancer
- Deaths due to prostate cancer
- Poverty and Unemployment
- Food insecurity
- Children living in single-parent households
- Adult Cigarette Use
- Teen Pregnancy Rates
- Infant Mortality Rates

# Washoe County Areas for Improvement

44

- Increasing
  - Limited Funding -
    - ✦ Obesity among adults
    - ✦ Sexually Transmitted Disease Rates
    - ✦ Chronic Diseases
  - No Dedicated Funding -
    - ✦ Poor and Fair Health among adults
    - ✦ Poor Mental Health Days (adults)
    - ✦ Adult binge and heavy drinking
    - ✦ Alcohol, prescription and illicit drug related deaths
    - ✦ Suicide rates
    - ✦ Violent Crime Rates
    - ✦ All-Cause mortality rates
- Decreasing
  - No Dedicated Funding -
    - ✦ Prenatal care in first trimester
    - ✦ Breast and Prostate Cancer Screening Rates
  - Lacking Improvement
    - Limited Funding -
      - ✦ Nutrition
      - ✦ Physical Activity

# Community Assets

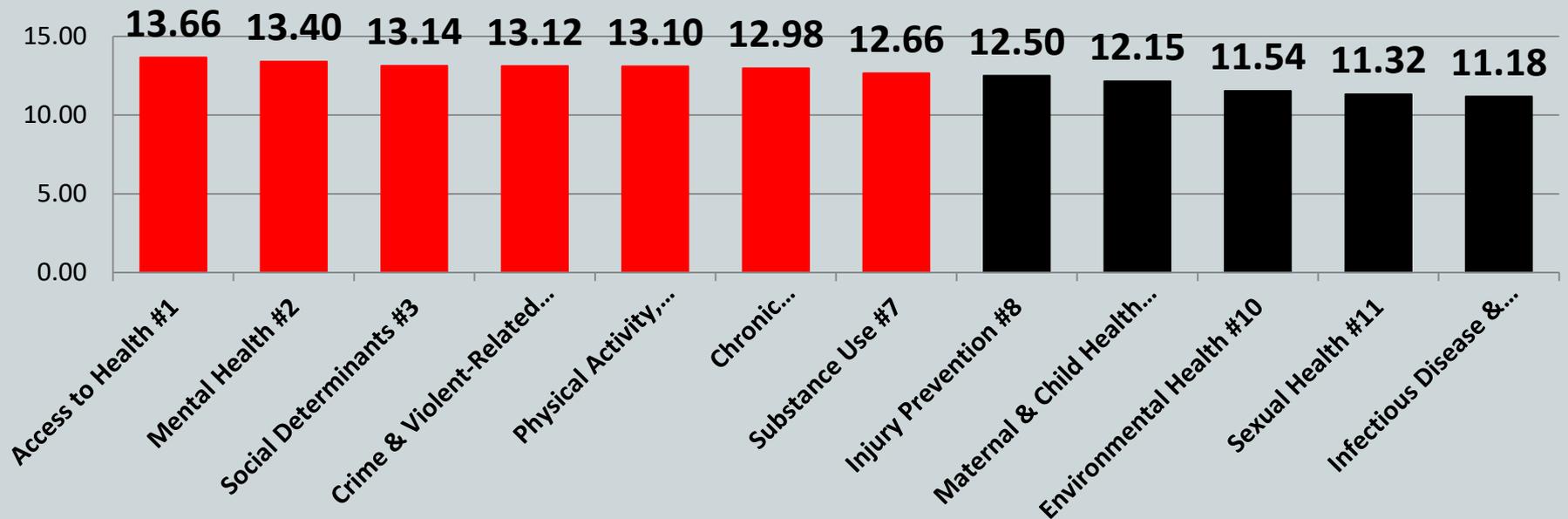
45

- Hospitals
- Federal Qualified Health Centers
- Washoe County School District
- UNR
- RTC
- Washoe County Human Services Agency
- Non-governmental organizations
- Truckee Meadows Healthy Communities

# Overall Common Themes

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## Overall Health Topic Score & Rank



# 2017 CHIP Partners

- ACCEPT
- Big Brothers Big Sisters of Northern Nevada
- Boys and Girls Club of the Truckee Meadows
- Catholic Charities of Northern Nevada
- Children's Cabinet
- Communities in Schools
- Crossroads
- Community Health Alliance
- Education Alliance
- Food Bank of Northern Nevada
- Join Together Northern Nevada (JTNN)
- Nevada Department of Education Nevada  
Department of Health and Human Services
- Northern Nevada HOPES
- Northern Nevada Literacy Council
- Quest Counseling
- Regional Emergency Medical Services Authority (REMSA)
- Regional Transportation Commission (RTC)
- Reno Justice Court
- Renown Child Health Institute
- Renown Health
- Rise Academy for Adult Achievement
- Safe and Healthy Schools Commission
- Sanford Center Geriatric Clinic
- Social Entrepreneurs, Inc.
- Think Kindness
- Truckee Meadows Healthy Communities
- United Way of Northern Nevada and the Sierra
- University of Nevada, Reno (UNR)
- UNR, School of Community Health Sciences
- UNR, Reno School of Medicine, Department of Psychiatry
- Washoe County School District (WCSD)
- WCSD, Children in Transition
- WCSD, Family Resource Centers
- WCSD, Nutrition Services Department
- WCSD, School Advisory Committee
- Washoe County Sherriff's Office
- Washoe County Human Services Agency
- Washoe County Social Services

# 2016-2018 CHIP Priority Areas to Focus On

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## **Access to Healthcare and Social Services**

1. Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.

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## **Behavioral Health**

1. Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.
1. Create a healthier environment for Washoe County youth.
1. Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.

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## **Education (K-12)**

1. Improve health outcomes of Washoe County youth through educational attainment.
1. Support student health, wellness and achievement through nutritious eating habits and physical activity.

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## **Food Security**

1. Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.
1. Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.

# 2017 CHIP Accomplishments

49

- Remote Area Medical Clinic/Family Health Festivals
- Increase in FQHC healthcare services
- REMSA Nurse Health Line – 28,000 calls
- 7% increase in WCSD graduation rate (84%)
- Social and Emotional curriculum adopted and implemented in 80% of WCSD schools
- Youth drinking, drug use declining
- Community Health Alliance implemented a behavioral health screening during primary care visits
- Lower food insecurity rates
- Prescription Pantry Program
- Increased awareness of mental health challenges and need for more resources
- Improved community engagement across the four priorities

## Priority Areas – Limited or No Activity Due to Limited or No Funding

50

- Access to Health Care
- Access to Social Services
- Behavioral Health
- Chronic Disease
  - Cancer
  - Diabetes
  - Heart Disease
  - Stroke
- Community Based Approaches to Address Social Determinants of Health
- Dental Services – preventive and restorative - SNHD
- Domestic Violence
- Food Security across lifespan
- General Workforce
- Improve youth (K-12) health outcomes through educational attainment
- Injury Prevention
- Lab – SNHD (**fully** support public health agencies on laboratory testing issues)
- Nutrition
- Opioids
- Pharmacy (full clinical, including primary care, and specialty – TB and HIV) – SNHD
- Physical Activity - Youth
- Provide some services to neighboring 4 counties - SNHD
- Sexually Transmitted Infections, Disease Investigations Substance Abuse
- Violence

# Opportunities Within Our Communities If Funding Was Available

- Chronic Disease
  - Cancer
  - Diabetes
  - Heart Disease and Stroke
  - Injury Prevention
- Community-Based Approaches to Address Social Determinants of Health
- Domestic Violence
- Home Visiting/Nurse Family Partnerships – WCHD
- Lab – SNHD (**fully** support public health agencies on laboratory testing issues)
- Opioid Epidemic
- Recreational Marijuana Usage
- Vector Control Programs – More Integrated

# Primary Funding Sources (Fiscal Year 2017 – 2018)

52

## **Carson City Health and Human Services - \$5.75 Million (City Department)**

- 35% or \$ 2.03 M from Carson City General Fund
- 47% or \$ 2.75 M from Grants and Other Intergovernmental Revenue
- 17% or \$ 1.0 M from Licenses, Permits and Charges for Services

State Grant Funding is 2.9% or \$ 169,000  
(\*Most are Human Services grants)

# Primary Funding Sources (Fiscal Year 2017-2018)

53

## **Southern Nevada Health District - \$69.3 Million (excludes capital project funds)**

- 30% or \$20.9M from Clark County Property Tax Allocation
- 24% or \$16.6M Grants and Other Intergovernmental Revenue
- 46% or \$31.8M from Charges for Services and Other Regulatory Services

State Grant Funding is <1% or \$ 630,000

# Primary Funding Sources (Audited Fiscal Year 2016-2017)

54

## **Washoe County Health District - \$ 22.4 Million**

- 45% or \$10.0M from Washoe County General Fund
- 32% or \$ 7.2M from Grants and Other Intergovernmental Funds
- 23% or \$ 5.2 M from Licenses, Permits and Charges for Services

State Grant Funding is 1.2% or \$268,000



# Making the Case for Foundational Public Health Services

Joseph P. Iser, Chief Health Officer  
Southern Nevada Health District

# Nevada Public Health Changes Since 1991

- 1991 – Health Aid to Counties is decreased from \$1.10 to 55 cents per capita due to budget shortfalls in then Governor Miller’s first full term. The cut was made with the understanding that the funding would be fully reinstated when the economy improved.
- 2001 – John Comeaux, Director of the Department of Administration, Senator Bill Raggio, Chairman of the Senate Committee on Finance, and Assemblyman Morse Arberry, Jr, Chairman of the Assembly Committee on Ways and Means request the 2003-2005 budget include reinstatement of the Health Aid to Counties funding at the original rate of \$1.10. The request is not included in the budget.

# Nevada Public Health Changes Since 1991

- 2002 – Health Aid to Counties zeroed out.
- 2005 – Southern Nevada, Washoe County, and Carson City testify in support of reinstating the Health Aid to Counties funding as a Public Health Improvement Fund.
- 2011 – Senate Bill 471 transferred the responsibility for certain public health services to local public health authorities and allowed the Nevada State Health Division (now Division of Public and Behavioral Health) to charge a local health authority for the provision of services in its jurisdiction. Local programs impacted by this transfer included the Health District's TB Treatment and Control Clinic and Sexual Health Clinic.

# Public Health Funding System is Broken

- We consider it success when we don't get cut much or have to conduct layoffs
- Inflation and population growth have undermined our budgets
- Not just the Great Recession, it's a long term structural defect, but for Nevada, the big hit was the Recession
- The most basic public health services are threatened



# What We Need

- Stable support
- Funding that tracks with population and inflation
- Ensure that every community has “what we need everywhere for the system to work anywhere.”

Recognizing the basics and the mandates aren't all we should do.

This is **Foundational Public Health.**



# The Question



Decision makers should want to know what they get for the money



If we say “trust us,” the conversation soon ends



For sustainable funding, assemble an honest list of public health basics

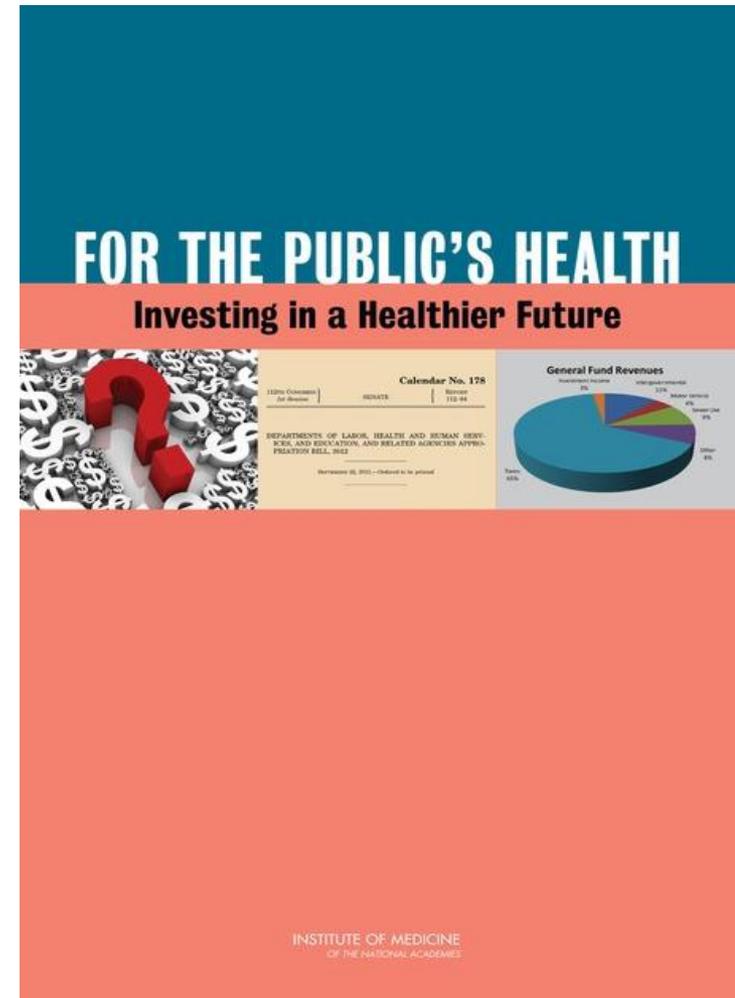
# Why Foundational Public Health?

To secure sustainable funding for basic public health services statewide

# The Institute of Medicine Agrees

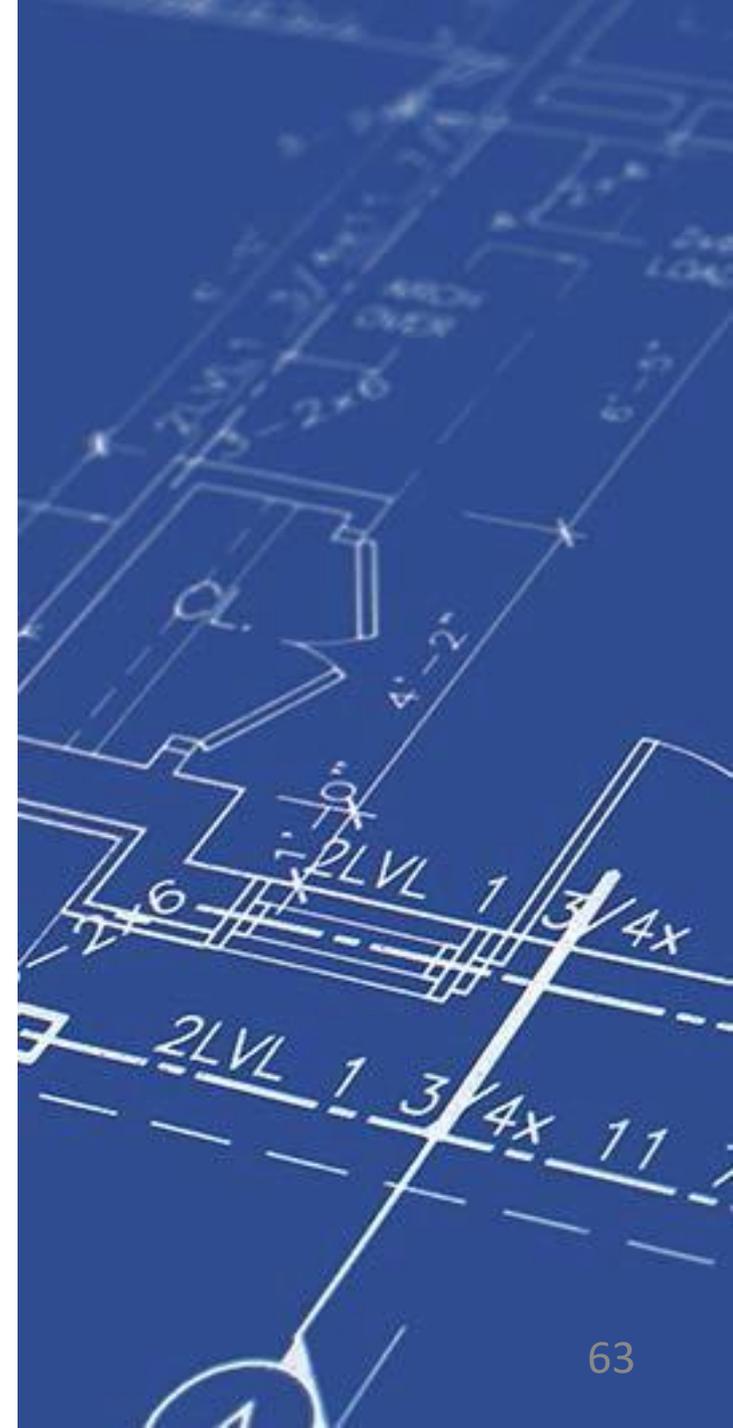
- Basic public health funding is a national problem, but the situation in Nevada is worse
- Need to define the basics in order to fund them

Washington's Foundational list being used as a starting point by CDC/Robert Wood Johnson Foundation workgroup in first round



# What We Need To Do

- Define Foundational Public Health Services
- Cost them out
- Develop practical policy options for sustainable Foundational funding
- Develop a broad based coalition of supporters
- Advocate for the necessary legislation
- Don't quit



# Foundational Public Health

- “Foundational” instead of “minimum,” “basic,” or “core”
- Not the whole house, but house doesn’t work unless the foundation is solid
- While work on this issue has been done in other states, **NONE** has been done here

# Issues in Defining Foundational Services

- What we need to do everywhere for the system to work anywhere, but not **everything** we need to do
- Capabilities and services have to be specific enough to cost them out
- Must take into account a responsibility for population-based issues and services

# Criteria for Determining FPHS

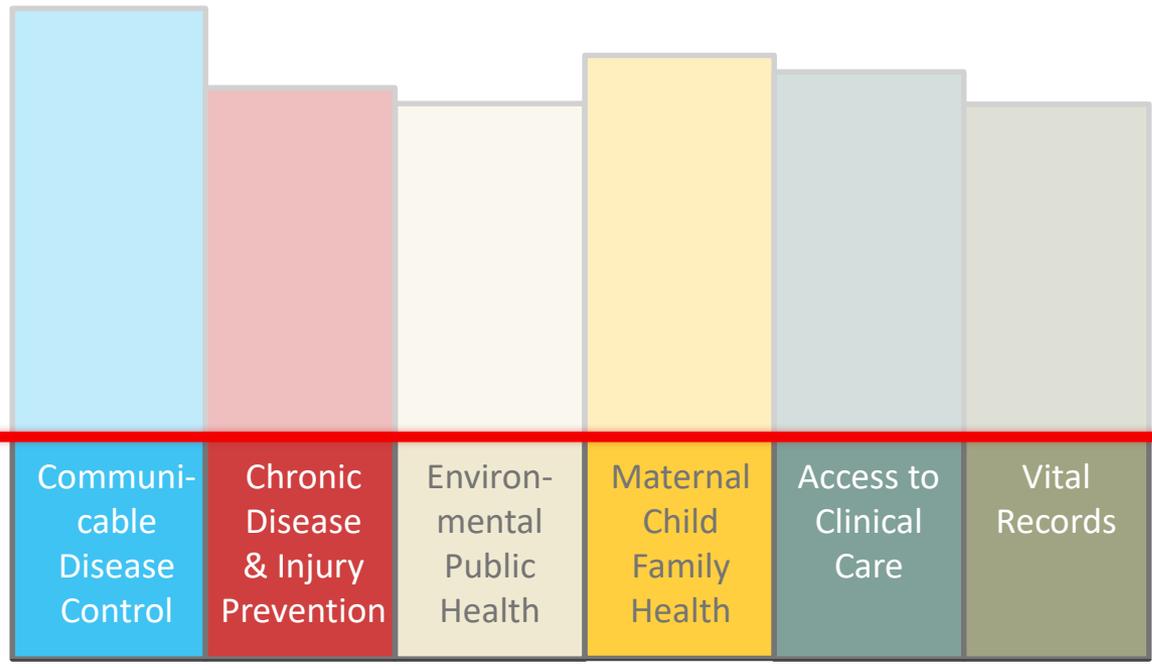
<p><b>Population-based</b> To what extent is this a population-based service without individually identifiable beneficiaries?</p>	<p>Mainly provides individual benefits</p>	<p>Partially population based, such as an individual health care service the absence of which would pose a significant community health threat</p>	<p>A population-based preventive health service addressing an important health problem, using methods that are evidence-based or best-practices</p>
<p><b>Governmental public health</b> To what extent is governmental public health the only or primary provider of this service?</p>	<p>Never – many other entities provide this service and they are the most appropriate provider</p>	<p>Sometimes</p>	<p>Often – it has to be addressed by governmental public health to be effectively addressed at all</p>
<p><b>Mandatory</b> Is it mandated by law or contingent on legal powers granted only to the local health officer/board of health?</p>	<p>Not mandated</p>	<p>Partially or sometimes</p>	<p>Definitely mandated</p>

# Foundational Public Health Services



# Foundational Public Health Services

Additional Important Services



Foundational Programs

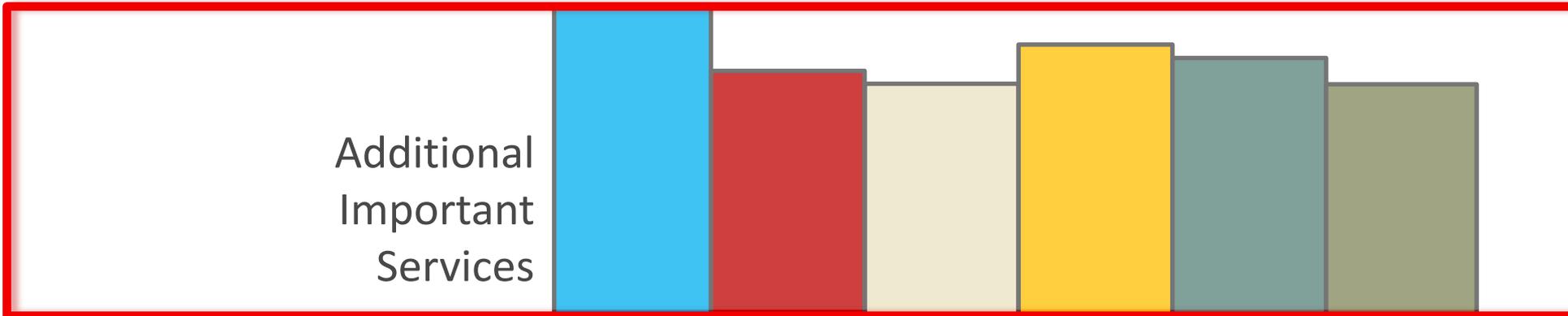
**FOUNDATIONAL PUBLIC HEALTH SERVICES**

Foundational Capabilities

## Across all Programs

- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Business competencies

# Foundational Public Health Services



Additional Important Services

Foundational Programs

Communi-  
cable  
Disease  
Control

Chronic  
Disease  
& Injury  
Prevention

Environ-  
mental  
Public  
Health

Maternal  
Child  
Family  
Health

Access to  
Clinical  
Care

Vital  
Records

FOUNDATIONAL  
PUBLIC HEALTH  
SERVICES

Foundational  
Capabilities

## Across all Programs

- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Business competencies

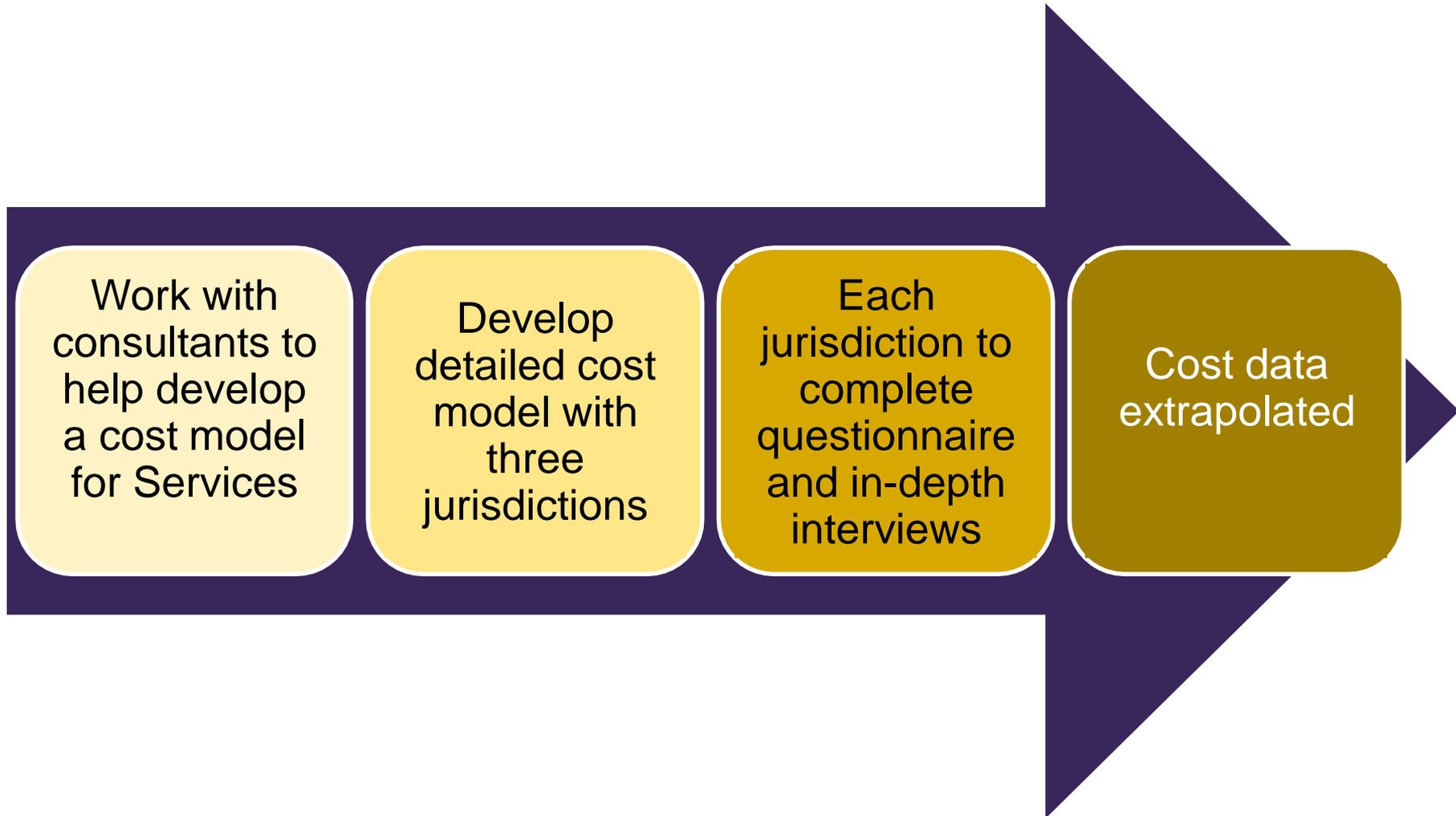
# The Process

- LHAs propose a state-wide public health forum, built upon Accreditation efforts, to evaluate a spectrum of programs and services using both empirical evidence and subject matter experts
- Begin the process during CY 2018 and complete as appropriate but no later than CY 2019
- Key point: our list must be specific enough to be costed out

# Example: Chronic Disease/Injury Prevention

1. Provide timely, statewide, and locally relevant and accurate information to the state and community on **chronic disease prevention and injury control**.
2. Identify statewide and local chronic disease and injury prevention community assets, develop and implement a **prioritized prevention plan**, and advocate and seek funding for high priority policy initiatives.
3. Reduce statewide and community rates of **tobacco and e-cigarette use** through a program that conforms to standards set by Nevada's laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure.
4. Work actively with statewide and community partners to increase statewide and community rates of **healthy eating and active living** through a prioritized program of best and emerging practices aligned with national and state guidelines for health eating and active living.
5. Coordinate and integrate **other categorically-funded chronic disease and injury prevention programs and services**.

# The Cost-Out Process

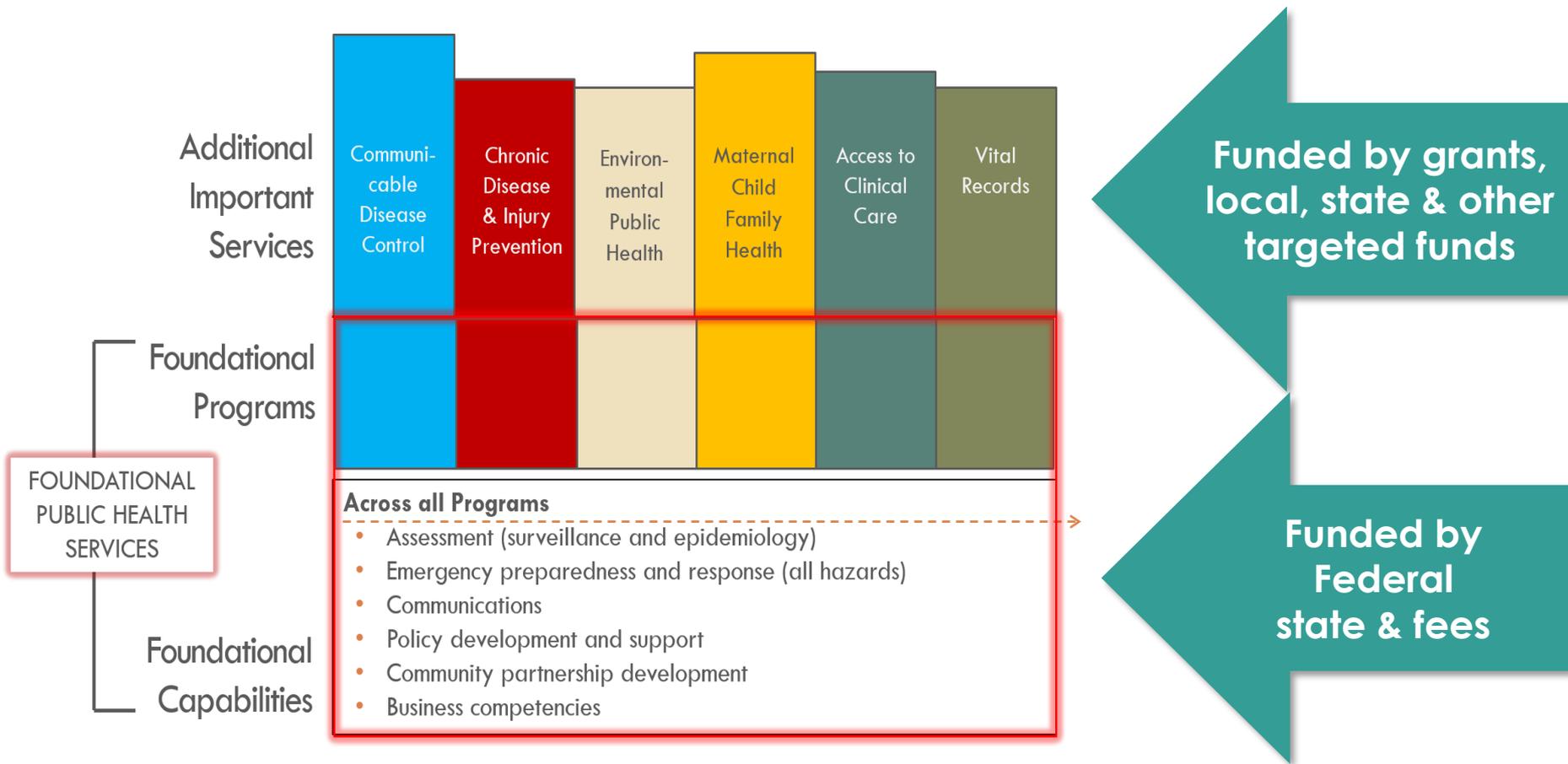


# Funding Issues Under Discussion

- Local per-capita costs and contributions
- State contributions to local jurisdictions
- State vs. local responsibilities for foundational public health?
- Can costs be managed through structural changes like consolidation or service sharing?
- New funding sources?



# Washington's Model



# Ask

- Support for a Public Health Case Load model BDR
- Support for amount introduced into the HHS budget
- Provide approval and funding to proceed with Foundational Health Services
- If Foundational Health Services study is finished to a point of costing out, replace the above with a specific amount based on data

# Potential Funding Sources

- Increase per pack cigarette tax
  - Cigarette Tax (Packages)
    - 2012-13 \$119,071,200
    - 2013-14 \$114,233,400
    - 2014-15 \$131,808,000
    - 2015-16 \$89,281,635
    - 2016-17 \$97,364,850

# Potential Funding Sources

- Tax e-cigarettes
  - Tax the same as cigarettes
- Marijuana tax
  - FY18 to date (July 17-Jan 18) total - \$35,918,546
    - State Marijuana Wholesale Excise Tax (15% Rate - Recreational and Medical) - \$13,094,019
    - State Marijuana Retail Excise Tax (10% Rate - Recreational) - \$22,824,527

# Investing in Public Health

- On average, the state investment for public health is \$36.11/person (FFY 16/17)
- Nevada's contributions in FFY 16/17 was \$6.75/person, ranking us 2<sup>nd</sup> to last
- How can we improve?
  - An extra investment of \$1/person would still rank us to 2<sup>nd</sup> last
  - An extra investment of \$2/person would still rank us to 2<sup>nd</sup> last
  - An extra investment of \$3/person would rank us to 3<sup>rd</sup> last
  - An extra investment of \$4/person would rank us to 3<sup>rd</sup> last
  - An extra investment of \$5/person would rank us to 3<sup>rd</sup> last

If Nevada invested an extra \$5/person, this would equate to a total investment of \$11.75/person approximately. This would add almost \$15 million dollars to these efforts.

Source: Trust Fund for America's Health:

<http://healthyamericans.org/assets/files/TFAH-2017-ReadyOrNot-Fnl.pdf>

# The Promise of Public Health in Nevada

John Packham, PhD  
Nevada Public Health Association



*NPHA's mission:* To serve as the voice for public health in Nevada in order to improve health and achieve equity in health status and a healthier Nevada.

*NPHA's vision:* A healthy Nevada.



# NPHA's Advocacy and Policy Agenda

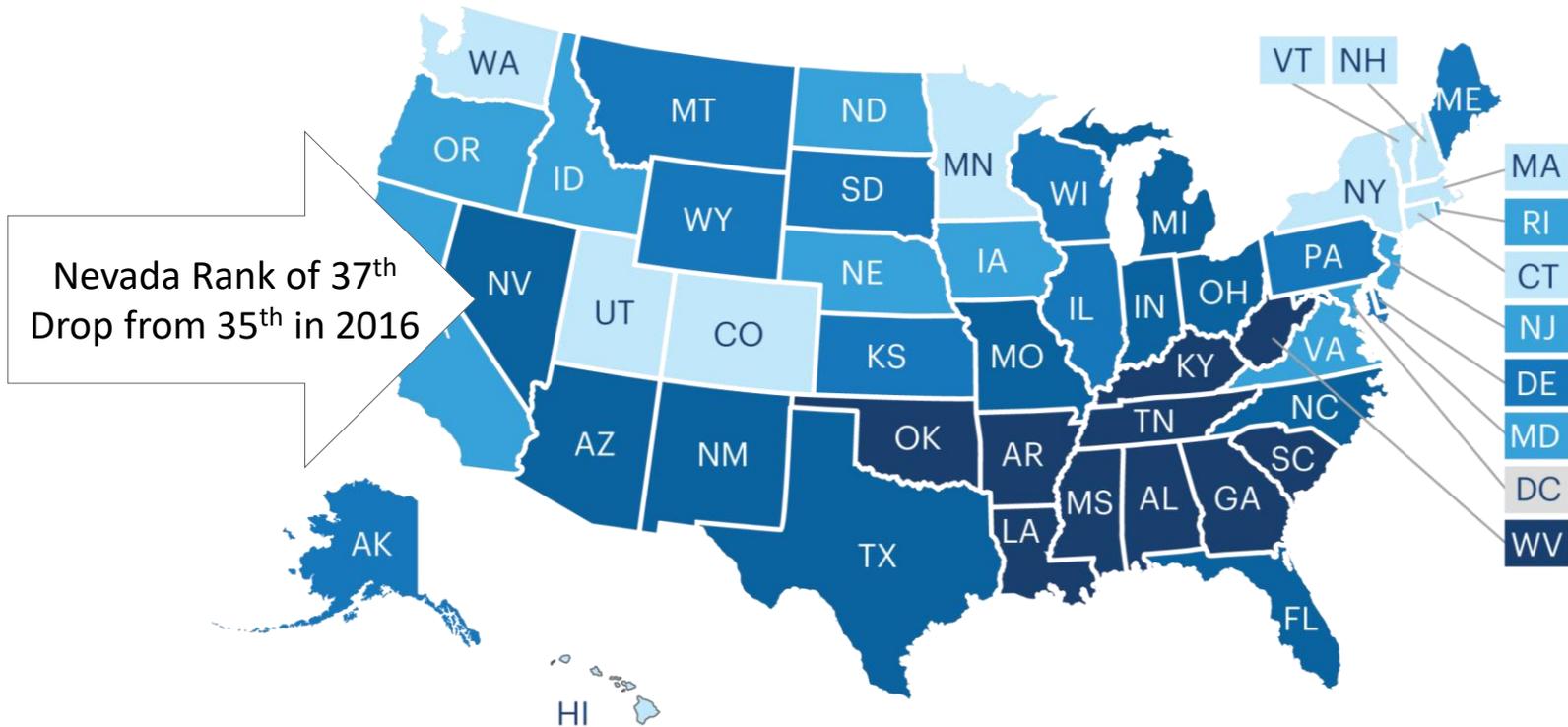
In keeping with our vision of a healthy Nevada, NPHA organizes its advocacy and policy activities around five advocacy and policy priorities:

- **Building public health infrastructure and capacity**
- Creating health equity
- Ensuring the right to health and health care
- Promoting evidence-based policymaking
- Advocating for Health in All Policies

# The Challenge for Public Health

- Volatile, uneven funding for public health in the best of times
- Dependence on CDC and other federal dollars for the vast majority of state and local public health funding in Nevada
- Preoccupation with the public health crisis of the moment, e.g., Zika virus, opioid epidemic
- Competition with other worthy health priorities and historically underfunded items, e.g., Medicaid, health professions education

# 2017 Annual Report State Rankings



**RANK:** 1 to 10 11 to 20 21 to 30 31 to 40 41 to 50 Not Ranked

# Nevada Health Rankings – Strengths

- Prevalence of obesity (8<sup>th</sup>)
- Low percentage of children in poverty (6<sup>th</sup>)
- Incidence of infectious disease (8<sup>th</sup>) and reported *Salmonella* (2<sup>nd</sup>)
- Preventable hospitalizations (14<sup>th</sup>)
- Infant mortality (16<sup>th</sup>)

# Nevada Health Rankings – Challenges

- Drop in overall ranking from 35<sup>th</sup> to 37<sup>th</sup>
- High school graduation rate (49<sup>th</sup>)
- Drug deaths (43<sup>rd</sup>) and violent crime (49<sup>th</sup>)
- 40<sup>th</sup> for senior health and 47<sup>th</sup> for the health of women and children
- Primary care physicians per capita (46<sup>th</sup>)
- Public health funding (50<sup>th</sup>)

# Nevada Health Rankings – Opportunities

- In the past five years, adult smoking decreased 28% from 22.9% to 16.5% of adults in Nevada
- Over the same time period, the percentage of uninsured Nevadans decreased 46% from 22.0% to 11.9% of the state's population
- Reduced preventable hospitalizations among Medicare enrollees by 27%
- Steady progress in the control of infectious diseases via immunizations and educational campaigns

# The Promise of Public Health in Nevada

Through evidence-based prevention and public health services –

- Countless injuries, infectious diseases and illness, and even chronic disease and disability can be avoided
- Lives can be saved and life expectancy extended
- Health care costs can be contained, resources allocated more efficiently and effectively

“...The determinants of health are beyond the capacity of any one practitioner or discipline to manage....We must collaborate to survive, as disciplines and as professionals attempting to help our communities and each other.”

—Institute of Medicine, 1999

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